

RECOMMENDATION FOR CASH AWARD

I. EMPLOYEE DATA			II. SYSTEM INPUT DATA	
1. <u>Name of Individual or Group</u> (If individual award, complete Items 1-11, as appropriate. If group award, complete items 1 and 5-11, as appropriate. For group award, list the name, SSN, and amount recommended for each employee on a separate sheet and attach to this form.) <div style="display: flex; justify-content: space-around;"> (Last) (First) (MI) </div>			(To be completed by personnel officer): A. NOAC <div style="border: 1px solid black; height: 20px; width: 100%;"></div> B. Effective Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> C. Legal Authority Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div> D. Award Amount (Enter amt. from Block 13) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> E. Benefit Amount <div style="border: 1px solid black; height: 20px; width: 100%;"></div> F. Indiv/Group Award Code <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. Social Security Number	3. Pay Plan/Series/Grade	4. Salary		
5. Organization (OPDIV, Office, Division, etc.)				
6. Name and phone number of awards coordinator or individual responsible for distributing the check.				
III. TYPE OF AWARD				
7a. <u>Performance Award</u> (Do not attach perf. appraisal) (check one) <input type="checkbox"/> PMRS (GM) <input type="checkbox"/> EPMS (GS/FWS)		b. Based on rating of record of: <input type="checkbox"/> Level 5 (Outstanding) <input type="checkbox"/> Level 4 (Excellent) <input type="checkbox"/> Level 3 (Fully Successful)		c. Rating finalized: <div style="display: flex; justify-content: space-around;"> <div>MM <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>DD <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>YY <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>
8. <input type="checkbox"/> <u>Special Act or Service Award*</u> (Period covered) <div style="display: flex; justify-content: space-around;"> <div>MM DD YY <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div style="border-left: 1px solid black; padding-left: 10px;"> MM DD YY <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> (From) (To) </div>		9. <input type="checkbox"/> <u>Suggestion Award*</u> Suggestion number: <div style="border-bottom: 1px solid black; width: 100%;"></div>		10. <input type="checkbox"/> <u>Invention Award*</u> Patent number <div style="border-bottom: 1px solid black; width: 100%;"></div> Date application filed <div style="border-bottom: 1px solid black; width: 100%;"></div> Date patent issued <div style="border-bottom: 1px solid black; width: 100%;"></div>
Benefits (Complete for special act or service, suggestion, or invention, as appropriate): a. Benefit amount (tangible savings): \$ <div style="border-bottom: 1px solid black; width: 100px;"></div> b. Intangible savings-check appropriate box in (1) and (2): <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (a) Value of Contribution: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> Moderate <input type="checkbox"/> Substantial <input type="checkbox"/> High <input type="checkbox"/> Exceptional </div> </div> <div style="width: 45%;"> (b) Extent of Application: <div style="display: flex; flex-direction: column; align-items: flex-start;"> <input type="checkbox"/> Limited <input type="checkbox"/> Extended <input type="checkbox"/> Broad <input type="checkbox"/> General </div> </div> </div>				
*(See HHS Instruction 451-1. Incentive Awards, for required documentation to attach to this form)				
IV. AWARD RECOMMENDATION AND APPROVAL				
ACTION	NAME/TITLE	SIGNATURE	DATE	AMOUNT
11. Initiating Official				
12. Concurring Officials				
13. Approving Official				
14. Signature of Fiscal Officer Obligating Funds		15. Appropriation/CAN Nos.		Date
16. Signature of Reviewing Personnel Office Official				Date